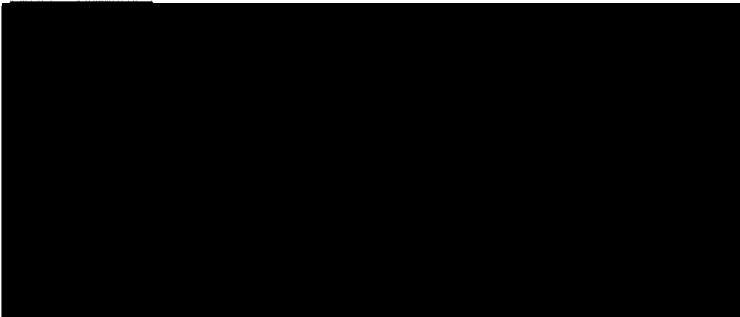
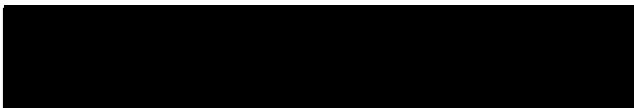



Office of Health Care Assurance

State Licensing Section

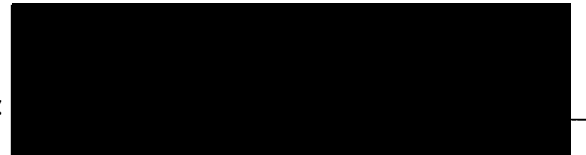
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: DeGuzman, Lydia (ARCH)	CHAPTER 100.1
Address: 94-293 Kahualena Street, Waipahu, Hawaii 96797	Inspection Date: November 3, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS:</b> </p>	<p></p> <p>In the future, I will be sure to check the medication record with the prescription label and the physicians order to make sure they are the same.</p> <p>I will also look for the physicians orders for medications at the time of admission. I will check the physician's orders and the medication label and if not the same, I will contact the doctor to clarify the orders.</p>	11/05/2015
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time name of</p>	<p></p>	11/05/2015

	<p>drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b></p> <p>[REDACTED]</p>	<p>In the future, at the beginning of the month, if there are only 30 days in the month, I will mark the column for day 31.</p> <p>[REDACTED]</p> <p>In the future, I will check that I have all the initials documented correctly for the month before going to the next month.</p>	<p>11/05/2015</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (a) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p><b>FINDINGS</b></p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>In the future, I will be sure to complete both pages of the admission assessment form.</p>	<p>11/05/2015</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed ordered for diet, medications, and treatments;</p> <p><b>FINDINGS</b></p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>In the future, I will look at the physician's orders and compare with the labels for the medications brought to my care home. If there is no physician order for some medications, I will contact the doctor for a telephone order.</p>	<p>11/05/2015</p>

Licensee/Administrator's Signature:



Print Name: Lydia Deguzman

Date: 12/9/15